

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4409AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/22/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST. FRANCIS GROUP HOME CARE 8</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1604 WILDWOOD DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation conducted at your facility on 01/22/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed as an (8) eight bed Residential Facility for Groups which provides care to persons with mental illness, Category I residents.</p> <p>The census at the time of the survey was 8 residents. Eight resident files were reviewed and four employee files were reviewed. One closed resident file was reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>There were (2) two complaints investigated:</p> <p>Complaint #NV19296 - was unsubstantiated.</p> <p>Complaint #NV20493 - was substantiated (see TAGS #Y050, Y816, and Y940).</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 050 SS=D	<p>449.194(1) Administrator's Responsibilities-Oversight</p> <p>NAC 449.194 The administrator of a residential facility shall:</p> <p>1. Provide oversight and direction for the</p>	Y 050		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	<p>Continued From page 1</p> <p>members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review on 01/22/09, the administrator failed to provide oversight and direction to the staff to ensure 1 of 9 residents received needed services and/or protective supervision (Resident #9).</p> <p>Findings include:</p> <p>Resident #9 was admitted to the facility on 10/4/06 with the following diagnoses: Depression, Psychosis, and Dementia.</p> <p>On 01/22/09 in the afternoon, Residents #1, #3, #5, and #8 (all residents at the time of Resident #9's disappearance) indicated Resident #9 disappeared one night and they had not seen him since.</p> <p>On 09/21/06, a consultation completed at a psychiatric hospital indicated Resident #9 was delusional, wandering around in public, paranoid, confused, and disoriented with a diagnosis of Advanced Dementia.</p> <p>On 10/04/06, Resident #9's admission record</p>	Y 050		

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Y 050	<p>Continued From page 2</p> <p>indicated "to be watched may wander" next to the heading: type and amount of supervision needed.</p> <p>On 10/04/06, the facility's (ADL) activities of daily living assessment, signed by Employee #1, indicated Resident #9 required protective supervision.</p> <p>On 08/25/08 in the evening, a facility memo indicated police located Resident #9 at a local emergency room where a hospital treated him for confusion and discharged him back to the facility. The facility filed a missing person's report on the afternoon of 08/25/08.</p> <p>On 10/03/08, Resident #9 left the facility in the middle of the night and has not been seen since. The facility again filed a missing person's report with police on 10/03/08.</p> <p>On 01/22/09 in the afternoon, Employees #1 and #2 indicated Resident #9's file lacked a plan of protective supervision initiated by the facility and an updated ADL assessment dated between 10/04/06 and 08/25/08.</p> <p>On 01/22/09, Resident #9's file lacked a protective supervision plan and updated ADL assessment dated between 08/25/08 and 10/03/08.</p> <p>On 01/22/09, Resident #9's file lacked any incident report(s) or formal indication Employees #1 and #2 ever informed the administrator or that the administrator ever acknowledged or took any action about the above disappearances of Resident #9.</p> <p>Complaint #NV00020493</p>	Y 050		

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Y 050	Continued From page 3  Severity: 2 Scope: 1	Y 050		
Y 053 SS=F	449.194(4) Administrator's Responsibilities-Complete Rec  NAC 449.194 The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate.  This Regulation is not met as evidenced by: Based on record review, observation and interview on 01/22/09, the administrator failed to keep the records of the facility complete and accurate.  Severity: 2 Scope: 3	Y 053		
Y 067 SS=C	449.196(1)(c) Qualifications of Caregiver- Read regulation  NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions.	Y 067		

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Y 067	Continued From page 4  This Regulation is not met as evidenced by: Based on record review on 01/22/09, the facility failed to ensure that 3 of 4 caregivers read the provisions of NAC 449.156 to 449.2766 and signed a statement that he/she has read those regulations (Employee #1, #2, and #4).  Severity: 1 Scope: 3	Y 067		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Based on record review on 01/22/09, the facility failed to ensure that 4 of 4 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employees #1 through #4) for the protection of 8 of 8 residents.  This was a repeat deficiency from the 01/09/08 State Licensure survey.  Severity: 2 Scope: 3	Y 103		

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Y 105	Continued From page 5	Y 105			
Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on record review on 01/22/09, the facility failed to ensure 1 of 4 caregivers met background check requirements (Employee #3).</p> <p>Severity: 2 Scope: 3</p>	Y 105			
Y 106 SS=F	<p>449.200(2)(a) Personnel File - 1st aid &amp; CPR</p> <p>NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review on 01/22/09, the facility failed to ensure current training in first aid and cardiopulmonary</p>	Y 106			

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Y 106	Continued From page 6  resuscitation (CPR) for 1 of 4 employees (Employee #3).  Severity: 2 Scope: 3	Y 106			
Y 206 SS=F	449.211(4)(a) Automatic Sprinklers-Quarterly Inspections  NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (a) Not less than once each calendar quarter by a person who understands the manner in which the system operates and the manner in which it should be maintained.  This Regulation is not met as evidenced by: Based on record review on 01/22/09, the facility failed to conduct quarterly inspections on its automatic sprinkler system for 3 of the past 4 quarters.  Severity: 2 Scope: 3	Y 206			
Y 444 SS=F	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.	Y 444			

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Y 444	Continued From page 7  This Regulation is not met as evidenced by: Based on record review on 01/22/09, the facility failed to ensure smoke detectors were tested 2 out of the past 12 months (November and December 2008).  Severity: 2 Scope: 3	Y 444		
Y 645 SS=A	449.2704(1)-(5) Rate Agreement  NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility; 2. The schedule for payment; 3. The Services included in the basic rate; 4. The charges for potional services which are not included in the basic rate; and 5. The residential facility's policy on refunds of amounts paid but not used.  This Regulation is not met as evidenced by: Based on record review on 01/22/09, the facility failed to provide a rate agreement for 1 of 9 residents (Resident #6).  Severity: 1 Scope: 1	Y 645		

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Y 816 SS=D	<p>449.2732(3)(b) Protective Supervision</p> <p>NAC 449.2732</p> <p>3. The administrator of a residential facility with a resident who requires protective services shall ensure that:</p> <p>(b) There is a written plan for providing protective supervision for that resident.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review on 01/22/09, the facility failed to provide a written plan of protective supervision for 1 of 9 residents (Resident #9).</p> <p>Findings include:</p> <p>Resident #9 was admitted to the facility on 10/4/06 with the following diagnoses: Depression, Psychosis, and Dementia.</p> <p>On 01/22/09 in the afternoon, Residents #1, #3, #5, and #8 (all residents at the time of Resident #9's disappearance) indicated Resident #9 disappeared one night and they had not seen him since.</p> <p>On 09/21/06, a consultation completed at a psychiatric hospital indicated Resident #9 was delusional, wandering around in public, paranoid, confused, and disoriented with a diagnosis of Advanced Dementia.</p>	Y 816		

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Y 816	<p>Continued From page 9</p> <p>On 10/04/06, Resident #9's admission record indicated "to be watched may wander" next to the heading: type and amount of supervision needed.</p> <p>On 10/04/06, the facility's (ADL) activities of daily living assessment, signed by Employee #1, indicated Resident #9 required protective supervision.</p> <p>On 08/25/08 in the evening, a facility memo indicated police located Resident #9 at a local emergency room where a hospital treated him for confusion and discharged him back to the facility. The facility filed a missing person's report on the afternoon of 08/25/08.</p> <p>On 10/03/08, Resident #9 left the facility in the middle of the night and has not been seen since. The facility again filed a missing person's report with police on 10/03/08.</p> <p>On 01/22/09 in the afternoon, Employees #1 and #2 indicated Resident #9's file lacked a plan of protective supervision initiated by the facility and an updated ADL assessment dated between 10/04/06 and 08/25/08.</p> <p>On 01/22/09, Resident #9's file lacked a protective supervision plan and updated ADL assessment dated between 08/25/08 and 10/03/08.</p> <p>Complaint #NV00020493</p> <p>Severity: 2 Scope: 1</p>	Y 816		

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Y 859	Continued From page 10	Y 859			
Y 859 SS=E	<p>449.274(5) Periodic Physical examination of a resident</p> <p>NAC 449.274</p> <p>5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 01/22/09, the facility failed to ensure that 2 of 9 residents received a physical prior to admission (Resident #4 and #6).</p> <p>This was a repeat deficiency from the 01/09/08 State Licensure survey.</p> <p>Severity: 2 Scope: 2</p>	Y 859			
Y 870 SS=E	<p>449.2742(1)(a)(1)(2)(b)(c) 449.2742(1)(a)(1) Medication Administration</p> <p>NAC 449.2742</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:</p> <p>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:</p> <p>(1) Reviews for accuracy and</p>	Y 870			

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Y 876	Continued From page 12  resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.  This Regulation is not met as evidenced by: Based on record review on 01/22/09, the facility failed to ensure that an ultimate user agreement was obtained for 8 of 9 residents (Residents #1 through #8).  Severity: 1 Scope: 3	Y 876			
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.  This Regulation is not met as evidenced by: Based on record review, interview, and observation on 01/22/09, the facility failed to ensure 3 of 9 residents received medications as	Y 878			

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Y 878	<p>Continued From page 13</p> <p>prescribed (Resident #6, #7, and #8).</p> <p>Findings include:</p> <p>Record review revealed Resident #6's medication administration record (MAR) lacked initials for four medications (Cymbalta 30 milligrams twice daily, Divalproex 250 milligrams daily, one Multivitamin daily, and Invega 3 milligrams daily) on 01/20/09 and 01/21/09. Employee #1 indicated Resident #6 resided at a daughter's house between 01/15/09 and 01/19/09, but she failed to indicate a reason for the blank days on the MAR that followed. Resident #6's file lacked orders discontinuing the medications. Resident #6's medication supply contained all four of the above medications.</p> <p>On 12/16/08, a medication review indicated Resident #7 received 5 milligrams of Methylphenidate daily. Resident #7's file lacked orders discontinuing the medication. Resident #7's MAR failed to list Methylphenidate for January 2009. Resident #7 lacked a supply of Methylphenidate on 01/22/09.</p> <p>On 12/31/08, a medication review indicated Resident #8 received 40 milligrams of Nexium daily and 20 milligrams of Cymbalta daily. Resident #8's file lacked orders discontinuing the medications. Resident #8's MAR failed to list Nexium and Cymbalta for January 2009. Resident #8 lacked a supply of Cymbalta on 01/22/09. Resident #8's medication supply contained 40 milligrams of Nexium on 01/22/09.</p> <p>Severity: 2 Scope: 2</p>	Y 878		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4409AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/22/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST. FRANCIS GROUP HOME CARE 8</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1604 WILDWOOD DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 936	Continued From page 14	Y 936		
Y 936 SS=E	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Based on record review on 01/22/09, the facility failed to ensure that 4 of 9 residents complied with NAC 441A.380 regarding tuberculosis (Resident #2, #4, #5 and #6) which affected all residents.  Severity: 2 Scope: 2	Y 936		
Y 938 SS=A	449.2749(1)(g)(1) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical	Y 938		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4409AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/22/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST. FRANCIS GROUP HOME CARE 8</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1604 WILDWOOD DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 940	Continued From page 16  perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year.  This Regulation is not met as evidenced by: Based on record review on 01/22/09, the facility failed to perform an annual evaluation of a resident's ability to perform the activities of daily living on 2 of 9 residents residing in the facility longer than a year (Resident #2 and #9).  Severity: 1 Scope: 2	Y 940		
Y 941 SS=C	449.2749(1)(h) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.	Y 941		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4409AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/22/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ST. FRANCIS GROUP HOME CARE 8</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1604 WILDWOOD DRIVE LAS VEGAS, NV 89108</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 941	Continued From page 17	Y 941		
Y1010 SS=F	<p>This Regulation is not met as evidenced by: Based on record review on 01/22/09, the facility failed to have the rules of the facility signed by the administrator of the facility and 7 of 9 residents (Resident #1, #3, #4, #5, #6, #7, and #8).</p> <p>Severity: 1 Scope: 3</p> <p>449.2764(1) MI Training</p> <p>NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.</p> <p>This Regulation is not met as evidenced by: Based on record review on 01/22/09, the facility failed to ensure at least 8 hours of training concerning care for residents with mental illness within 60 days of employment for 1 of 4 employees (Employee #2).</p> <p>Severity: 2 Scope: 3</p>	Y1010		

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